

REVIEWS.

ART. X. *The Philadelphia Practice of Midwifery.* By CHARLES D. MEIGS, M. D., Lecturer on Midwifery and the Diseases of Women and Children; Member of the American Philosophical Society; and of the Philadelphia Medical Society. With numerous engravings. Philadelphia: James Kay, Jun. & Brother. Pittsburgh: John I. Kay & Co. 1838. Royal 12mo., pp. 370.

The name of the author of this work is a sufficient guaranty for its excellence. Dr. Meigs is extensively known as the author of various essays and reports; as one of the conductors of the North American Medical and Surgical Journal; and more recently, as the able translator of Velpeau. Accordingly we find throughout the present work, the evidences of a practiced hand. Of the principles it promulgates, and the practice which it recommends, we shall have occasion to speak when we come to examine the various subjects of which it treats. Before doing this, we must make a passing remark in relation to the *title* of the book.

Writers, imitating the living examples around them, generally exercise the right of bestowing on their bantlings whatever name fancy dictates, from the quaintest cognomens of the most ancient history, down to the oddest inventions of modern romance. Therefore to cavil with a *name*, whether applied to man or the creations of his mind, seems like flying in the face of authority, and trenching indeed upon the forbidden ground of taste. Still, there is a fitness in things, and we think propriety dictates that the title page of a book, on science at least, should in some degree characterize its contents.

Now we are not about to say that, in the present instance, the work does not inculcate the practice generally pursued in Philadelphia. On the contrary, we believe that, in the main, it will have the approval of all the experienced obstetricians in the city. Nevertheless, the few instances in which direct reference is made to individual opinions and practice, afford latitude for those who are less acquainted than ourselves with the ample opportunities which the personal and professional popularity of the author allow him for collecting the views of his brethren, to suppose that the title is selected more for the gratification of fancy than the expression of a fact. The inference, indeed, is the more natural, from a remark in the dedication, that "it (the book) is rather an expression of his own reflections and experience, than a dry compilation," &c. However, he has high example for his course: and, what is better, the practice which the book recommends, if not

derived from his fellow-townsmen, is at least such as they might willingly avow.

Following the example of obstetrical writers generally, Dr. Meigs commences his work with a description of the female parts concerned in generation and delivery, their relations and functions, and the form and dimensions of the foetal cranium. In a systematic work, this course is necessary to render it complete, and to avoid the trouble of frequently referring to works on anatomy. But to those who are already familiar with these subjects, it is the part least read, because it promises little of novelty, either in facts or in argument. Of the nineteen chapters into which the present work is divided, four are devoted to the subjects to which we have referred. The author has contrived, however, to render their perusal less than usually dry, not merely by the freshness of his descriptions, but by connecting the structure of parts with their functions, and an account of the occasional lesions of both.

On this, which we may call the introductory part, we are but little disposed to dwell. One or two matters we shall notice, because of their practical bearing, before proceeding to the consideration of those more strictly obstetrical in their character. The following observations on the muscular structure of the uterus, we think are deserving of this attention.

"Various attempts have been made to demonstrate the muscular fibres of the womb, and they have been divided into layers and planes and fasciculi, for that purpose; but the very fact of such difference of opinion is proof enough that the arrangement of them is not yet clearly known. If it were known and demonstrable, there would no longer exist any dissidence concerning it, since whatever is clearly demonstrable ceases to be a subject of dispute or doubt."

Now, the assumption that, because there is a difference of opinion on any subject, it is therefore not understood by any of those who hold opinions in relation to it, is any thing but logical. The author's own daily observation must afford him examples to the contrary. Mankind, generally, are much more credulous than wise; more inclined to follow generally received opinions than to seek for truth in demonstration. And philosophers too, are not a little prone to form opinions without resorting to that troublesome method, and not unfrequently adhere to them, rather than adopt the inductive conclusions of others.

The arrangement of the muscular fibres of the uterus, it seems to us, has been clearly demonstrated by Madame Boivin—as much so as those of any other organ. Her description is consistent with the analogies furnished by other organs, and with the phenomena which occur both during partial contractions of the uterus and complete parturient action; and, until disproved by the equally pains-taking observations of a capable observer, ought to be received as authority on the subject.

That some of the muscular bands of the womb are capable of being thrown into action, while others are quiescent, is undoubtedly true; and that each fibre is a separate muscle, and capable of being separately excited, may also be admitted; notwithstanding, in a healthy

condition they act only in masses. But the perverted action of a part is not the rule by which to judge of its natural function. Spasm of a muscle, or the uncontrollable action of such as ordinarily obey the will, as in chorea, very falsely represent their natural offices. And so, we apprehend, it is with the muscles of the uterus. Spasm of some, or partial contraction of others, as met with in some cases, afford no proof of a natural antagonization between the muscular fibres of the neck of the organ, and those of the body and fundus. The instances adduced to prove it, only show "*a failure of co-ordination* in their movements, when there ought to be consentaneous action." We make these remarks because we perceive that Dr. Meigs, following the high authority of Baudelocque and our respected colleague, Dr. Dewees, maintains the ground we have ventured to controvert.

Chapter fifth is on menstruation. The phenomena proper to this function have been so carefully observed and are so generally known, that little remains to be added; while speculation has exhausted itself in fruitless efforts to explain those things which probably never can be elucidated. Accordingly we have found in our author no new facts on this subject; and, although the chapter is written with much sprightliness, we have not discovered any attempt at a new hypothesis.

"It is almost universally understood," he remarks, "that the catamenial act is in a great degree related to the reproductive faculty, being designed to renew or restore, or maintain its energy, until the period of existence when it ceases to be required.

"What is the proximate cause of the periodicity, I deem it bootless to inquire; since this, like most other vital processes, has a sort of metaphysical subtlety, which defies all endeavour to grasp or retain it."

He denies that the menses are to be explained on the grounds of general plethora, local plethora, or lunar influence; or that it is a state superinduced upon the constitution by the habits of civilized life. On the contrary, he regards it as an original function of the human female; inasmuch as the oldest records we have, show that it was customary in the earliest periods of time.

The uterine arteries, he thinks, are the source whence it proceeds. Whether it is pure, unaltered blood, or a secretion, he appears unable to decide.

"There is no doubt," he remarks, "that, in the general, no clots or shreds are observable; nevertheless, Madame Boivin, whose knowledge of the whole topic is not inferior, perhaps, to that of any other writer, declares that it is blood like that from a vein.

"The few opportunities I have had of observing the appearances of the catamenial fluid, have been insufficient to enable me to come to positive conclusions: since healthy women admit of no such investigations; and the morbid specimens, which are the only ones submitted to us, are not to be considered as evidence of what occurs naturally. Madame Boivin's account is, therefore, more worthy to be relied upon than that of any physician whatever. Madame B. can speak of the normal, and the medical man can only have access to the observation of the abnormal state or character of the discharge."

All this is very gallant in our author; but while we entertain, as we have already expressed, the highest respect for the opinions of

that accomplished authoress, on all points relating to the female organs and their functions, we cannot agree with him that "the medical man's" opportunities are so limited as he supposes. Neither do we think that the almost solitary opinion of that lady (solitary as regards late writers) should outweigh the high authorities arrayed on the other side—supported, too, by the positive results of chemical analysis.

But we are not disposed at the present time to enter upon the disquisition of this physiological problem: preferring the consideration of those parts of our author's work that have a more immediate relation to practice.

The next chapter we regard as eminently of this character. The subject is amenorrhœa. Instead of contenting himself with a dry detail of the ordinary causes of this affection, its phenomena, and the means of cure, our author embraces the fitting opportunity to inculcate broad and general principles applicable to derangements of the menstrual function. The tenor of his remarks may be inferred from the following observations; the propriety and correctness of which we are sure that our readers will admit.

"Is it not notorious among the profession that the medical treatment of amenorrhœa is eminently empirical, unsatisfactory, and unsuccessful? It must be admitted, that the subject is, in a practical view, a very difficult and embarrassing one; nevertheless, I feel much persuaded, that a more considerate, and a more rational attention devoted to the cases which fall under our notice, would enable us more frequently to administer relief, without being obliged to resort, as we are now, often to every one of the menagoga in succession, and in vain.

"A blister applied to the thorax often cures a pleurisy, upon the principle that '*pars dolens trahit*,' or the principle of counter-irritation; it is equally true, that any considerable external or internal fixed irritation may prevent or counteract the natural tendency of the system to produce catamenia. A wet stocking, a draught of cold and damp air, produces in the skin a certain condition which frequently serves to prevent or arrest the menstrual offices; a fortiori, therefore, some latent disorder of an important viscus or organ, would scarcely fail to interrupt, or, in some measure, trouble this delicate depurative act. Hence, instead of opening the great volume of the *Materia Medica*, and searching under the head of Menagoga for some specific means of removing the difficulty, let the medical man carefully study the state of the patient's health, endeavouring by repeated inquiries to learn the case of the several great functions, and that of minor ones, in order, in their excess or deficiency, to find a cause of the amenorrhœa, which he will then be able to treat with the reasonable methods that a perfect understanding of the case will suggest to him.

"It is not to be supposed that if a woman's constitution can be brought into healthful play in all other regards, she will be vicious or disordered in this instance, of amenorrhœa. I grant, that sudden arrests or stoppages may take place from slight, and perhaps local causes; but I speak now of the instances of rebellious obstructions. I wish to impress the idea that a woman is not unhealthy because she fails to menstruate, but rather, that she fails to menstruate because she is unhealthy." pp. 58-9.

Hence the author, with the best writers, regards amenorrhœa merely as a symptom, or evidence of disease. In this he is undoubtedly right. Therefore it is necessary, in order to ascertain the means of cure, to interrogate the different organs through their functions,

their sympathies and sensibilities, to enable us to arrive at the actual disease or pathological error; and "after having subdued or mitigated the local disorders, and the constitutional disturbance arising from them, if the sanguine apparatus of the womb still fails to act properly, in yielding the catamenial discharge, the time, he thinks, is arrived for resorting to the emmenagogue articles."

Dr. Meigs admits that we possess no article whose direct influence on the uterus entitles it to any great reliance as an emmenagogue. Aloes and cantharides seem to rank highest in his confidence; and these act but indirectly, through the near sympathy of the uterus with the rectum and bladder.

The succeeding chapter is on dysmenorrhœa, a term "applied to those cases in which the act of menstruation is accompanied with pain in the region of the uterus." Dr. M. regards the disease as depending on a more or less inflammatory condition of the uterus, "causing it to excrete, as in conception, a caducous matter that has been supposed to be similar to the deciduous coat of the gravid womb. The discharge of this decidua is attended with severe pain; rendered greater, probably, by the excessive irritation of the womb, which causes all its contractile efforts to be more acutely painful."

Under this view of the disease, the treatment mainly relied on, consists of rest, general and local blood-letting, and the other means commonly employed in the reduction of inflammatory action.

Leucorrhœa, in the opinion of the author, is a catarrh of the affected part, which may be seated in the cavity of the uterus, the vagina, or the inner surface of the labia. Very properly regarding the discharged fluid as the product of inflammatory action, he recommends bleeding, rest, cooling aperients, mild lotions, and all the means used in the analogous affections of other mucous surfaces. Holding these views, he naturally, and most properly, we think, condemns the empirical treatment by astringent washes and stimulating food and medicines; at least, until, by the use of proper means, or the long continuance of the discharge, the inflammatory condition is, in great measure, overcome.

At this point, the author closes his remarks on the diseases of females which are unconnected with pregnancy or parturition. The various organic affections of the uterus, the ovaria, the vagina, the labia, clitoris, &c., are altogether unnoticed. Doubtless the object was to shorten the book, by confining it to obstetrics. In this we think him wrong. The class of persons for whom the work seems intended, are rarely possessed of large libraries; and they will naturally look to a book on midwifery for information on those diseases which are not ordinarily included in systematic works on the other great departments into which our profession is divided.

The ninth chapter is a very comprehensive one; it occupies more than a sixth of the whole book.

Under the title of pregnancy, the author has included: generation or reproduction, as explained in the hypotheses of the numerous physiologists who have speculated on the subject; conception, and the

formation of the human ovum; the changes and developements of the uterus and its contents, in a regular and natural course; the signs and circumstances peculiar to pregnancy, and the modes of ascertaining them, and all the accidents liable to occur during that state, and the remedial means to be employed.

The speculative parts of this chapter we shall pass over without comment. So much as relates to generation, is written with much cleverness, and presents a succinct view of the hypotheses which have severally amused philosophers for centuries past: added to which, by way of commentary, we have the author's own reflections on the subject; which, truth to say, clothed as they are in the easy eloquence peculiar to the writer, exhibit more of metaphysical speculation than of sound physiological investigation.

In regard to the formation of the placenta, Dr. Meigs adopts the opinion of Velpeau, that it is wholly foetal; that there is, in fact, no maternal portion. His arguments on this point are advanced with so much confidence, and are so plausible withal, that, although not wholly convinced, our confidence in the Hunterian doctrine is so far weakened, that we are fully prepared for new enquiries on the subject. The remaining portions of this chapter are of a truly practical character. The subjects embraced are of every-day concernment, and are discussed in a masterly manner.

The succeeding chapter on labour, is likewise very interesting, both from the nature of the subject and the manner in which it is treated. The author has very well described the phenomena which characterize true labour, as contradistinguished from those which indicate a less natural state. To students and young practitioners this may be regarded as the most interesting part of the work, inasmuch as it supplies the kind of information required in every-day business, the knowledge of which is so important to the character of the practitioner, and to the welfare of those who entrust themselves to his care. Too often it is passed over as unimportant, because natural labour requiring no interposition on the part of the obstetrician, is therefore thought to require no attention on the part of the teacher. But this is a grievous error. The young obstetrician must make himself familiar with the circumstances and progress of a natural case, in order that he may assure his patient, and be assured himself, that no interference is required. And in cases of a more serious character, it is indispensable for him to be well informed in all these particulars, that he may be able to appreciate the unfavourable circumstances, and correct or control them.

On one point, the distinction between true and false pains, the author does not appear to us to have treated as fully and clearly as would be proper—it is the condition of the os uteri. During what are called *false pains*, the os uteri is always thicker and firmer than in genuine labour. But false pains are of two kinds: such as occur prematurely, where from any cause, as fatigue, intestinal irritation, or the like, the uterus and abdominal muscles are induced to contract before the neck of the uterus is fully obliterated. In such cases, the

touch discovers that instead of a thin, soft, membranous os uteri, yielding to the expulsive effort, it is either tubulated, or if partially dilated, it presents a well defined ring, which *hardens*, and sometimes contracts instead of yielding, during a pain. The other is when the labour occurs at full term, the os uteri being dilated or quite dilatable, the pains recur frequently, attended with a good deal of suffering; and yet no sensible advancement takes place. In these cases there are *partial* contractions of the uterine fibres; not that full, general, and consentaneous action which is necessary for successful labour. But something, too, is to be inferred from the condition of the perineum and sphincter vaginae. Where these are contracted, rigid, and the parts unmoistened by secretion, it will rarely happen that delivery will be speedily accomplished.

The eleventh chapter is on the "*conduct of a labour*," and is well worth the whole cost of the book. It is replete with good sense and sound instruction. Chapters XII., XIII. and XIV., are on the different presentations of the fœtus, the mechanism, progress, &c. of such cases. These are all well written articles, and contain much sound instruction.

The fifteenth chapter embraces the consideration of "*preternatural labour*." This portion of the work, which necessarily details the resources of our art under the various difficulties and complications that occur in obstetrics, will properly interest every one. To pretend, however, to give an analysis of it, would be alike unjust to the author and the reader. It admits of no condensation without the omission of material facts, or important rules.

The remarks on the use of the tampon, or plug, in cases of labour attended with hemorrhage, we deem very important. The use of this means, in all uterine hemorrhages, is by far too common. But the frequency and extent to which it is resorted to, in floodings which happen during, and immediately subsequent to, labours in the latter months, demands, on all hands, the most emphatic condemnation.

"There is," remarks our author, "in general, under these circumstances, a strong disposition to make use of mechanical means of stopping the hemorrhage, such as the application of napkins to the vulva, strongly compressing the orifice; and also, the plug or tampon, which, filling the vagina, is supposed to favour the coagulation of the blood. But, if it be remembered that the bleeding orifices are near the fundus uteri, and that the extravasated fluid trickles down betwixt the chorion and the womb, from the fundus to the orifice, I think it will be seen that such mechanical means can scarcely exert any other than injurious effects in the case. They may enable us to conceal the fact, both from the patient and from ourselves, that the vital fluid is escaping in a dangerous abundance; but common sense ought to show us, that while we may prevent the fluid from falling out of the orifice of the vagina, by plugging that orifice with sponge or other materials, we do not prevent it from flowing back upon the outer surface of the ovum and the placenta, both of which it detaches more and more completely from the womb, leaving the woman exposed to greater hazard than she would incur were we to permit the blood to escape as fast as it is effused. Such methods, assuredly, will not favour the arrest of the effusion, by coagulation, the source of the flow being too distant from the remedy. It is, in general, better, in uterine hemorrhage, to let all the blood

that escapes from the vessels, also escape from the vagina. When the uterine superficies is diminished, the bleeding is stayed. The application of cloths, wrung out of iced vinegar and water, to the hypogastrium, is of greater avail, and far more safe than the tampon. I would gladly urge upon the student the necessity of the greatest caution in the employment of so dangerous an agent as the tampon, except in the early stages of gestation, or where the capacity of the womb is not sufficiently great to admit of its containing a great quantity of blood. No hemorrhage is so dangerous as the concealed hemorrhage."

We would even go farther than Dr. Meigs, and say that in the very cases he has excepted, the tampon is not only useless, but injurious. It is useless from its incompetency to arrest the flooding in the slightest degree; and it is injurious by the irritation it causes to the vaginal surface, and by retaining fluids which very quickly become offensive, beside the terrible evil of concealing danger instead of removing it. In every point of view, it is better that the blood should be allowed to escape as fast as it becomes extravasated.

For several years past we have discarded the tampon in the treatment of uterine hemorrhage of every description, and thus far have seen no cause to change either our opinion or our practice in this respect.

Various other complicating circumstances are discussed with much brevity, under the general title of this chapter—as placenta previa, convulsions, syncope, hernia, &c.; but we have not discovered any thing said of them sufficiently novel to require particular notice.

Chapter XVI. is devoted to the consideration of operative or instrumental midwifery. It contains a very interesting account of a female in this city, whose pelvis is exceedingly contracted, from whom two children were removed at term by Dr. M., in successive pregnancies, by the use of the crotchet; and who has been twice delivered since of living children, by undergoing gastrotomy, and is now in the enjoyment of good health.*

Dr. Meigs prefers the forceps contrived by Dr. Davis of London. He thinks it decidedly better than the French forceps, the English straight instrument, or any other with which he is acquainted. Siebold's instrument he objects to particularly, as being unnecessarily heavy, clumsy, and the clams too much curved. Whatever force there may be in these objections, we think he is in error in saying it is the instrument "preferred and often used in our city by Dr. R. M. Huston." Dr. Moehring, of this city, who was a pupil of the German professor, has shown us a pair of Siebold's forceps made in Germany by the professor's own cutler, and it certainly differs in several material points from the one employed by Dr. Huston. The instrument exhibited by him two or three years since, at a meeting of the College of Physicians, and subsequently before the Philadelphia Medical Society, and which is the one he constantly uses in practice, is longer, lighter, more curved, and wider in the fenestra than that of Siebold.

Under the head of "Atresia," a very interesting case is given of a

* This case is fully detailed by Dr. Fox in the first article of the present number.

lady whose vagina had sloughed away, subsequent to parturition. The uterus continued to secrete the menses, which, for want of an outlet, so accumulated in its cavity as to cause much distress. Dr. Randolph succeeded with the scalpel in making an artificial passage in the proper situation of the vagina, which was kept open by the constant use of a metallic bougie, until it became thoroughly lined with a delicate membrane. This, however, although about three inches deep, was not made to communicate with the womb, in consequence of the surgeon being unable to find the os uteri. After a lapse of three months, the fluid contained in the womb having failed to find an outlet in the proper direction, Dr. Meigs punctured the uterus through the rectum with a trocar, when twenty-five ounces of thick meconium-like matter was discharged.

Five months after this operation, about the same quantity was discharged, spontaneously, by the vagina: affording a reasonable hope that she will be relieved from further difficulty.

In morbus cœruleus of infants, Dr. M. advises that the child be placed on its right side, the body inclined at an angle of 30 degrees; that by maintaining the heart in such an attitude, the left auricle may be perpendicularly above the right one, in order that the effect of gravity on the blood may cause it to flow off into the ventricle, instead of passing through the foramen ovale.

He alleges that by this means he has succeeded well in several very threatening cases. But we have very little confidence, we confess, in the success of this, or indeed, any other treatment, where there is much organic defect; though we willingly admit the propriety and advantage of entire rest and tranquillity, and the avoidance of whatever may tend to increase the heart's action. The blood, when within the cavities of the heart, is subjected to forces so much more powerful than gravity, that we conceive the latter can exert little appreciable influence over it.

Excepting puerperal fever, our author has omitted all the diseases which most frequently occur during the puerperal state. This is deeply to be regretted, inasmuch as some of them are exceedingly severe, and not unfrequently terminate unfavourably.

Notwithstanding these omissions, however, it appears to us that Dr. Meigs has produced a work which cannot fail to be generally read and approved by the profession. The student will find it valuable as a text book; while to the young practitioner it will prove a convenient work for reference on most of the important points that occur in obstetricry.

R. M. H.